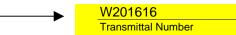
Enter your transmittal number



Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.	A.	Permit Information						
		BWP IW 38 1. Permit Code: 7 or 8 character code from permit instructions			Permit for Industrial Sewer User 2. Name of Permit Category			
		"New" connection						
		3. Type of Project or Activity						
2. Make your								
check payable to	В.	Applicant Information – Firm or Individual						
the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.		Clare Inc						
		Name of Firm - Or, if party needing this approval is an individual enter name below:						
		2. Last Name of Individual 3. Firs		rst	Name of Individual	4. MI		
		78 Cherry Hill Drive						
		5. Street Address						
 Three copies of this form will be needed. Copy 1 - the 		Beverly	MA		01915	978-524-6877		
		6. City/Town	7. State	е	8. Zip Code	9. Telephone #	10. Ext. #	
		Jimmy Chalapatas			jchalapatas@clare.	com		
		11. Contact Person			12. e-mail address (optional)			
original must accompany your								
permit application.	C. Facility, Site or Individual Requiring Approval							
Copy 2 must	mpany your ayment. Clare Clare 1. Name of Facility, Site Or Individual							
accompany your								
Copy 3 should be								
retained for your records		2. Street Address						
		Beverly	MA		01915	978-542-6877		
4 Poth foo poving		3. City/Town	4. State	е		6. Telephone #	7. Ext. #	
4. Both fee-paying and exempt		279181	MA50	000	0004077	,		
applicants must		8. DEP Facility Number (if Known) 9. Federal I.D. Number (if Known) 10. BWSC Tracking # (if Known)						
mail a copy of this								
transmittal form to:	D. Application Prepared by (if different from Section B)*							
MassDEP					,			
P.O. Box 4062		Name of Firm Or Individual						
Boston, MA 02211								
		2. Address						
* Nete:								
* Note: For BWSC Permits, enter the LSP.		3. City/Town	4. State	Э	5. Zip Code	6. Telephone #	7. Ext. #	
	,							
		8. Contact Person			9. LSP Number (BWSC Permits only)			
	E. Permit - Project Coordination							
	Е.	Permit - Project Coord	illation					
	1.	 Is this project subject to MEPA review? ☐ yes ☒ no 						
		If yes, enter the project's EOEA file number - assigned when an						
	Environmental Notification Form is submitted to the MEPA unit:							
	EOEA File Number							
	F. Amount Due							
DEP Use Only	Sn.	ocial Provisions:						
	-	Special Provisions:						
Permit No:	1.	. Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less). There are no fee exemptions for BWSC permits, regardless of applicant status.						
	2.	☐ Hardship Request - payment ex						
Rec'd Date:	3.	Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).						
	4.	☐ Homeowner (according to 310 CMR 4.02).						
Reviewer:								
		Check Number	Dollar Amount		D	ate		